Little Treverse Dev Bands		EII E NO		
Little Traverse Bay Bands Of Odawa Indians Tribal Court	PETITIONER'S VERIFIED ACCOUNTING 7 DAY 21 DAY	FILE NO.		
In the matter ofDOB:				
disbursements of money or anything Except for those payments or dis	. This accounting, and any previously filed accounting of value made or agreed to be made by me or on more bursements listed in my 7 day accounting, no other particle in connection with this adoption. (If this box is che	y behalf in connection payments or disburse	n with this ments hav	adoption. e been
	TOTAL			
Order of Adoption	s	\$ \$ \$ \$	\$	0.00
2. Agency/LTBB Social Services Ch	\$			
3. Attorney Fees (itemized on othe	\$			
4. Traveling Expenses (itemized on	\$			
5. Medical, Hospital, Nursing, or Ph	\$			
6. Counseling Services (itemized or	\$			
7. Living Expenses (itemized on oth	\$			
8. Information Gathering Expenses	\$			
9. Total of Expenses Reported on 7	\$			
I REQUEST court approval of these payments and disbursements TOTAL				0.00
I declare that this accounting and the my information, knowledge, and believely better that this accounting and the my information, knowledge, and believely better that this accounting and the my information is accounting and the my information is accounting and the my information.	e attachments have been examined by me and that thef.	ne contents are true t	o the best	of
Signature of petitioner Signature of petitioner				
Name (print or type) Name (print or type)				
Address Address				

NOTE: This petition must be filed at least 7 days before formal placement and 21 days before the final order of adoption.

Telephone no.

City, state, zip

Telephone no.

ITEMIZED ACCOUNTING OF PAYMENTS/DISBURSEMENTS

Instructions: The following are types of expenses that must be itemized. Each type of expense is explained. For each type, identify the type by number, list each expense in that type separately, total the amounts, and place the total under the same type number on the front of this form. If the space provided below is not adequate, make copies before writing any information on this form. Write in the date for each payment made, the amount of that payment, who that payment was made to and the purpose of the payment for the following types: You must attach a receipt for each payment/disbursement.

- Type 2. Agency Charges fees and expenses charged by and to be paid to the agency.
- Type 3. Attorney Fees fees and expenses charged by and to be paid to the attorney.
- Type 4. Travel Expenses expenses associated with travel that is necessary to the adoption.
- Type 5. Medical Expense expenses connected with birth of the child or illness of the child not covered by birth parent's health care benefits or Medicaid.
- Type 6. Counseling Expense expenses for counseling related to the adoption for the parent, guardian, or adoptee.
- Type 7. Living Expense expenses of the mother before birth of the child and for no more than six weeks after the birth.
- Type 8. Information Gathering Expense expenses for getting required information about the adoptee and the adoptee's biological family.

TYPE NO.	DATE	AMOUNT	NAME AND ADDRESS OF RECIPIENT	PURPOSE
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